

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY G.C.L. BAUDAINS OF ST. CLEMENT
ANSWER TO BE TABLED ON TUESDAY 15th JANUARY 2013**

Question

Would the Minister, further to the answer given on 11th December 2012, explain why over 4000 patients have to wait on average more than five months to see a hospital consultant?

Would she further explain why the average wait for General Medicine (affecting 1,094 patients) is eight months, whether she is content with these delays and, if not, explain what tangible changes are being made to remedy the situation?

Answer

HSSD absolutely recognise that some of our specialties have waiting times longer than we would wish and actions have been put in place to try and remedy this situation. The percentage of patients waiting less than 5 months, across all specialities, is 96.5%, specialties currently experiencing longer waits and their specific actions are detailed below.

Dental: An orthodontic dental officer has just been appointed and will start in February, additional clinics are also being undertaken.

Pain - Additional clinics were undertaken in December plus two additional clinics each week in 2013. All clinic profiles are being reviewed.

Trauma & Orthopaedics: HSSD has already maximised clinic slots and is currently reviewing options for a 4th consultant. It is recognised that demand for this service, which is in part related to an aging demographic, will continue to increase. To provide expertise and flexibility, specialist consultants visit the island on an intermittent basis, this can lead to those patients with specific requirements unfortunately having an extended wait. Availability of theatre facilities is a limiting factor for this specialty which will be resolved by the new hospital, in the interim time temporary options are being explored as a matter of some urgency.

Ophthalmology: HSSD recruited a locum to undertake additional clinics in December 2012. This will be repeated in 2013 followed by a substantive Consultant appointment.

Speciality Medicine¹: This consists of a number of specialties which is why the number waiting appears so large:

¹ The question specifically refers to long waits in General medicine affecting 1,094 patients. These waits are actually in speciality medicine, not general medicine.

- Cardiology: A research fellow commences in February and will provide additional clinics. A review of clinic profiles is being undertaken to maximise utilisation.
- Gastroenterology: Additional clinics were undertaken in December and HSSD has now appointed a locum consultant to deliver appointments in 2013.
- Neurology: HSSD reviewed clinic profiles in 2012, maximised clinic slots and introduced an additional weekly clinic. As a result waiting times for a new appointment have reduced from 78 weeks in 2011 to 48 weeks. 280 patients were awaiting a new appointment in May 2012 has reduced to 89 patients in January 2013.

Speciality medicine is usually provided by a singular consultant, as opposed to a team of consultants this can result in capacity challenges due to annual leave, sick leave and study leave impact.

In addition to the actions outlined above HSSD is:

- undertaking a refurbishment the outpatients department during 2013 to increase flexibility in use of the consultation rooms, thus allowing increased capacity in outpatient facilities
- reviewing all outpatient waiting lists on a weekly basis to ensure clinic slots are maximised.

Waiting times are impacted upon by a range of complex factors that include:

- increase in referrals: demand for outpatient appointments continues to rise This demand is driven by a number of factors including: population increase; population changes (eg: aging demographic; increase in birth rate); referral practice and patient expectations. Over 10,000 outpatient appointments are currently undertaken each month.
- unforeseen breaks in service provision: staff sickness or absence creates a backlog in waiting lists which can take months to address because of single handed provision and physical capacity.
- inter-relationship between outpatient and inpatient activity: an increase in throughput in one area has a direct impact on resources available in the other area.
- resource availability: HSSD is continually seeking ways to reduce waiting times by maximising use of current resources, including staff and facilities. Despite this however there is a trend for increased demand across HSSD services which cannot be matched by improvements in efficiency alone. The redesign and investment outlined in the White Paper will help to address this.

HSSD is committed to bringing down waiting times and will continue to work to do so.